



Tel: (305) 375-4222

☎ Fax: (305) 375-3512

☎ E-mail: consumer@miamidade.gov

APPLICATION FOR THE OPERATION OF A LOCKSMITH BUSINESS

By Authority of Article XVIII of Chapter 8A of the Code of Miami-Dade County

PLEASE TYPE OR PRINT

(check one)

INITIAL APPLICATION () RENEWAL APPLICATION ()

REG#

1. LEGAL BUSINESS NAME - Enter the exact name used by the business.

TRADE (FICTITIOUS) NAME:

2. CURRENT MAILING ADDRESS:

ADDRESS

CITY

STATE

ZIP

BUSINESS TELEPHONE

BEEPER/CELLULAR

MAIN AND BRANCH OFFICE ADDRESSES (IF DIFFERENT FROM ABOVE):

ADDRESS

CITY

STATE

ZIP

TELEPHONE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

3. STATE OF FLORIDA FICTITIOUS NAME REGISTRATION NUMBER:

4. Miami-Dade County Occupational License Number:

5. Federal Tax Identification Number:

6. OWNERSHIP TYPE (Check one):

Individual Owner

Partnership

Corporation

Please proceed to number 7

PLEASE PROCEED to number 8

Please proceed to number 9

7. INDIVIDUAL OWNER :

NAME	TITLE	SOCIAL SECURITY #
RESIDENCE ADDRESS		
		TELEPHONE
CITY	STATE	ZIP CODE

8. General Partners:

NAME	TITLE	SOCIAL SECURITY #
RESIDENCE ADDRESS		
		TELEPHONE
CITY	STATE	ZIP CODE

NAME	TITLE	SOCIAL SECURITY #
RESIDENCE ADDRESS		
		TELEPHONE
CITY	STATE	ZIP CODE

REGISTERED AGENT'S NAME (IF APPLICABLE)	TELEPHONE	SOCIAL SECURITY #
ADDRESS		
CITY	STATE	ZIP CODE

Please proceed to number 11, if a limited partnership, number 12, if a general partnership.

9. CORPORATE PRINCIPALS (OWNERS, OFFICERS AND DIRECTORS):

NAME	TITLE	SOCIAL SECURITY #
RESIDENCE ADDRESS		
		TELEPHONE
CITY	STATE	ZIP CODE

NAME	TITLE	SOCIAL SECURITY #
RESIDENCE ADDRESS		
		TELEPHONE
CITY	STATE	ZIP CODE

NAME	TITLE	SOCIAL SECURITY #
RESIDENCE ADDRESS		
		TELEPHONE
CITY	STATE	ZIP CODE

10. LIST THE NAMES OF ANY OTHER CORPORATION, ENTITY, OR TRADE NAME THROUGH WHICH ANY OWNER, DIRECTOR OR OFFICER DID BUSINESS AS A LOCKSMITH WITHIN THE PAST FIVE YEARS:

11. FLORIDA REGISTERED AGENT:

NAME	TITLE	TELEPHONE
------	-------	-----------

RESIDENCE ADDRESS		
-------------------	--	--

CITY	STATE	ZIP CODE
------	-------	----------

12. PERSON ACTIVELY IN CHARGE OF THE LOCKSMITH BUSINESS:

NAME	TITLE	TELEPHONE
------	-------	-----------

RESIDENCE ADDRESS		
-------------------	--	--

CITY	STATE	ZIP CODE
------	-------	----------

13. CERTIFIED LOCKSMITH:

NAME	TITLE	TELEPHONE
------	-------	-----------

RESIDENCE ADDRESS		
-------------------	--	--

		DADE CO. CERT. #
CITY	STATE	ZIP CODE

14. INSURANCE:

\$100,00 in combined liability:

A copy of the insurance certificate must be attached to application.

Insurance Agent's Name: _____

Agent's Telephone Number: _____

Insurance Company: _____

Policy Number: _____

Policy Expiration Date: _____

Worker's Compensation Coverage:

The following have been enclosed (check one):

Worker's compensation certificate or insurance; or

State of Florida certificate of exemption; or

Letter affirming that workers' compensation insurance is not required
by law (you may use the attached form).

**Letter Affirming That Workers' Compensation Insurance
Is Not Required By Florida Law**

Under the penalties of perjury, I, _____, as
(Circle One) individual owner/general partner/officer or director, hereby affirm that, under Section
440 of the Florida Statutes and other applicable Florida laws, the business known as:

is not required to carry Workers' Compensation Insurance for the following reasons:

Signature

Date

**15. LIST ALL CONVICTIONS FOR FELONIES, MISDEMEANORS OR ORDINANCE VIOLATIONS
(EXCLUDING TRAFFIC VIOLATIONS) FOR THE PAST FIVE (5) YEARS FOR THE INDIVIDUAL APPLICANT,
FOR EACH GENERAL PARTNER OF A PARTNERSHIP, OR FOR EACH OWNER, OFFICER OR DIRECTOR OF
A CORPORATION.**

**16. LIST OF ALL PERSONS WHO PERFORM LOCKSMITH WORK (INCLUDE OWNERS AND
EMPLOYEES):**

NAME

SOCIAL SECURITY #

RESIDENCE ADDRESS

DADE CO. CERT. #

CITY	STATE	ZIP CODE
NAME		SOCIAL SECURITY #
RESIDENCE ADDRESS		DADE CO. CERT. #
CITY	STATE	ZIP CODE
NAME		SOCIAL SECURITY #
RESIDENCE ADDRESS		DADE CO. CERT. #
CITY	STATE	ZIP CODE
NAME		SOCIAL SECURITY #
RESIDENCE ADDRESS		DADE CO. CERT. #
CITY	STATE	ZIP CODE

Please use additional sheet , if necessary.

17. CHECKLIST (CHECK APPROPRIATE ANSWER)

HAVE YOU ATTACHED THE FOLLOWING TO YOUR APPLICATION?

- | | |
|---|----------------|
| 1) COPY OF CURRENT, PERMANENT OCCUPATIONAL LICENSE? | ___ YES ___ NO |
| 2) COPY OF CERTIFICATE OF OCCUPANCY, IF APPLICABLE? | ___ YES ___ NO |
| 3) CURRENT DOCUMENTATION DEMONSTRATING CORPORATE OR LTD.. PARTNERSHIP REGISTRATION WITH THE STATE OF FLORIDA? | ___ YES ___ NO |
| 4) BACKGROUND WITH MIAMI-DADE POLICE DEPARTMENT? | ___ YES ___ NO |
| 5) FINGERPRINTS AND PHOTOGRAPHS OF ALL OFFICERS/OWNERS? | ___ YES ___ NO |
| 6) CERTIFICATE OF INSURANCE? | ___ YES ___ NO |
| 7) ALL LOCKSMITHS REGISTERED WITH CONSUMER SERVICES? | ___ YES ___ NO |
| 8) APPLICATION FEES? | ___ YES ___ NO |

The following questions are optional and will be used for statistical purposes ONLY.

18. Race -- (Check appropriate answer)

- | | |
|---|---|
| <input type="checkbox"/> WHITE (NON-HISPANIC) | <input type="checkbox"/> HISPANIC |
| <input type="checkbox"/> BLACK | <input type="checkbox"/> OTHER (DESCRIBE) _____ |

19. National Origin -- (Check appropriate answer)

- | | |
|-------------------------------|--------------------------------------|
| <input type="checkbox"/> U.S. | <input type="checkbox"/> NICARAGUA |
| <input type="checkbox"/> CUBA | <input type="checkbox"/> PUERTO RICO |

() OTHER (DESCRIBE)

20. Primary Language Spoken -- (Check appropriate answer)

() FRENCH

() OTHER (DESCRIBE)

21. Gender -- (Check appropriate answer)

() FEMALE

**Miami-Dade County Consumer Services Department
Consumer Protection Division
140 West Flagler Street, Suite 902
Miami, Florida 33130
Telephone: (305) 375-4222**



AFFIDAVIT OF FINANCIAL LIABILITY

Do you, or any partner(s) or corporate officer(s), if applicable, owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:

- (i) unpaid civil penalties;
- (ii) unpaid administrative costs for a hearing;
- (iii) unpaid County investigative, enforcement, testing or monitoring costs; or
- (iv) unpaid liens?

Yes:
No:

I hereby certify that all information provided is true and correct. By signing this document, I acknowledge that if the information provided is not true and correct, my registration/permit/certificate will be suspended or revoked.

Print Name:

Signature:

Date:

DECLARACIÓN DE DEUDA FINANCIERA

Usted, o algún socio(s) u oficial(es) de la corporación, si aplica, debe dinero al Condado de Miami-Dade, Florida, ya sea individualmente o através de cualquier otro negocio, como resultado de cualquiera de lo siguiente:

- (i) penalidades civiles no pagadas;
- (ii) costos administrativos por una audiencia, no pagado
- (iii) costos de investigación, cumplimiento de la ley, pruebas o aviso del Condado, no pagado; o
- (iv) gravámenes, no pagados?

Si:
No:

Por esto yo certifico que toda la información proveída es correcta y verdadera. Firmando este documento yo confieso que si la información proveída no es verdadera y correcta, mi registración/permiso/certificado sera suspendido o revocado.

Imprima el Nombre:

Firma:

Fecha: